

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 24 1933

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10316

1. PLACE OF DEATH  
 County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 3029  
 City Hannibal (No. 2103, Hope) St. 6 Ward

2. FULL NAME Mary Emma Kirse  
 (a) Residence, No. 2103 Hope St., 6 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 47 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred G. Kirse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1885

7. AGE YEARS 47 MONTHS 9 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

FATHER 13. NAME Fred Bangert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elabor Jurgens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Fred G. Kirse (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cemetery March 26 - 1933

19. UNDERTAKER Ray P. Schmitt (ADDRESS) Hannibal Mo.

20. FILED 3/30 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1933, to Mar. 24, 1933  
 I last saw her alive on Mar. 24, 1933 Death is said to have occurred on the date stated above, at 11:33 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 108  
108

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) A. P. Blue M. D.  
 (Address) Hannibal Mo.

